

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING Division of Licensing and Protection

HC 2 South, 280 State Drive Waterbury VT 05671-2060

http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

April 15, 2019

Dane Rank, Manager Thompson Residential Home 80 Maple Street Brattleboro, VT 05301

Dear Mr. Rank:

The Division of Licensing and Protection completed a complaint investigation at your facility on April 1, 2019. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

Pamela Cota, RN Licensing Chief

amlaMCotaPN

Division of	Licensing and Pro	otection			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
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<u> </u>		0156	B. WING		04/01/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
THOMPSON RESIDENTIAL HOME BRATTLEBORO VT. 05204					
BRATTLEBORO, VT 05301 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IOENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
R100 In	itial Comments:		R100		
; fa : D	icility reported inci ivision of Licensin	n-site investigation of two (2) dents was conducted by the g and Protection on 4/1/2019. latory findings identified.			
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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE